



Benefits Coordinator Contact:
Phone: (630) 553-4382 ext 4702

Ruth Gervais
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2026-2027 Summary of Benefits

Blue Cross Blue Shield of Illinois
HMO Membership/Claims: (800) 892-2803

www.bcbsil.com
PPO/HSA Membership/Claims: (800) 458-6024

	HMO In-Network	Blue Choice Options PPO			High-Deductible PPO/HSA		
		Tier 1	Tier 2	OON	Tier 1	Tier 2	OON
Deductible							
Individual	\$0	\$500	\$1,000	\$2,000	\$1,700	\$2,000	\$3,500
Family	\$0	\$1,500	\$3,000	\$6,000	\$3,400	\$4,000	\$7,000
Coinsurance	90%	80%	70%	50%	80%	60%	50%
Out of Pocket Max (Includes Ded)							
Individual	\$2,000	\$2,500	\$3,500	\$6,000	\$3,400	\$4,000	\$6,600
Family	\$4,000	\$7,500	\$10,500	\$12,000	\$6,800	\$8,000	\$13,200
Physician Services							
Primary Care Office Visit	\$25	\$25	\$30	50% after Ded	80% after Ded	60% after Ded	50% after Ded
Specialist Office Visit	\$50	\$50	\$60	50% after Ded	80% after Ded	60% after Ded	50% after Ded
Preventive Care	100%	100%	100%	50% after Ded	100%	100%	50% after Ded
Urgent Care	\$25	\$50	\$60	50% after Ded	80% after Ded	60% after Ded	50% after Ded
Emergency Room	\$150 + 10%	10% after Ded	10% after Ded	10% after Ded	10% after Ded	10% after Ded	10% after Ded
Prescription Drugs							
Generic	\$10		\$10			20% after Ded	
Preferred Brand	\$40		\$40			20% after Ded	
Non-Preferred Brand	20% to \$150 Max		20% to \$150 Max			20% after Ded	
Specialty	20% to \$200 Max		20% to \$200 Max			20% after Ded	
Mail Order (up to 90 Days)	\$20/\$80/20% to \$300		\$20/\$80/20% to \$300			20% after Ded	
Rx OOP Max							
Individual	\$1,500		\$1,500			N/A	
Family	\$3,000		\$3,000			N/A	

HSA Funding

Yorkville CUSD will do a one-time match once your HSA Account balance reaches the levels below:

	District will match up to:
Employee	\$200
Employee + Spouse	\$300
Employee + Child(ren)	\$300
Family	\$300

CRX International Pharmacy

Through CRX Pharmacy, HMO and PPO members* can receive a 90-day supply of brand name maintenance medications at no cost.

For more information, visit www.crxintl.com **WEB ID: Y115** or call (866) 488-7874.

***HSA members not eligible**

Galileo Virtual Care

Both the PPO and the HDHP PPO with HSA medical plans include Galileo. Galileo provides 24-7-365 access to board-certified physicians by secure video chat. Members on the PPO and HDHP/HSA pay a \$0 copay. **For an illness or injury that is not an emergency**, the Galileo telemedicine program offers a **convenient, cost-effective alternative** to hospital emergency rooms and urgent care clinics.

Galileo can diagnose, recommend treatment and write prescriptions for minor, non-life-threatening conditions including, but not limited to:

- Allergies
- Arthritic Pain
- Bronchitis
- Cold / Flu
- Ear Infections
- Headaches / Migraines
- Insect Bites
- Sinus Infections
- Nausea / Stomach Aches
- Pink Eye
- Skin Infections
- Sore Throat

Access your care by heading to the Apple App Store or the Google Play Store, search for Galileo Health to install the app and get registered.

***Excludes HMO Members**

This is a summary only and not a legal document. Please refer to certificate for benefit, limitation and exclusion information.



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Dental Insurance

Delta Dental of Illinois

www.deltadentalil.com

(800) 323-1743

Deductible	In-Network	Out-of-Network
Individual	\$0	
Family	\$0	
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Annual Plan Max	\$3,500	
Orthodontics	50%	50%
Ortho Lifetime Max	\$2,000	

Although In-Network and Out-of-Network coverage levels seem the same, Out-of-Network providers did not agree to the Delta Dental fee schedule and can balance bill you if they charge over the reimbursement amount. You will save money for both yourself and Y115 if you use an In-Network Dentist.

Vision Insurance

Vision Service Plan

www.vsp.com

(800) 877-7195

Benefit	You Pay	Frequency
Eye Exam	\$20 copay	Every 12 Months
Rx Glasses		
Lenses	\$20 copay	Every 12 Months
Frames	\$130 Allowance	Every 24 Months
Contact Lenses		
Elective	\$130 Allowance	Every 12 Months

Extra discounts and Savings:

Glasses and Sunglasses - Average 30% discount on options like progressives, scratch resistance and anti-reflective coatings.
Laser Vision Correction - Average 15%-20% discount in Network
Out of Network Benefits Available

Life & AD&D Insurance

BlueCross BlueShield of Illinois

www.bcbsil.com/ancillary

(800) 348-4512

Plan Details:

Basic Group Term Life Insurance is provided by Y115 for eligible employees. Amounts vary depending on your Class.

- Basic Group Term Life Insurance
- AD&D Insurance equals amount of Life Insurance
- No Cost to employees

Voluntary Life & AD&D Insurance

BlueCross BlueShield of Illinois

www.bcbsil.com/ancillary

(800) 348-4512

Plan Details:

- Employees and spouses can elect coverage in \$10,000 increments up to \$500,000 for employee and up to \$250,000 for the spouse. The spouse amount cannot exceed employee amount.
- Guarantee Issue for employee is \$250,000; for spouse the Guarantee Issue is \$20,000.
- Employees currently enrolled can increase their coverage by \$10,000 annually without EOI and up to their Guarantee Issue Limit.
- Age Rated – Rates available upon request.
- Employee pays 100% of the cost of the insurance elected through simple payroll deductions.
- Employees can elect either \$5,000 or \$10,000 for dependent child life.

Long Term Disability

BlueCross BlueShield of Illinois

www.bcbsil.com/ancillary

(800) 348-4512

Long Term Disability (LTD) – If you become ill or suffer an injury that prevents you from returning to work for an extended period of time, LTD insurance will replace a portion of your income for a defined period of time.

Plan Details:

- Benefit starts after 90 days of continuous disability
- Benefit pays 60% of pre-disability earnings up to a \$10,000 monthly maximum
- No Cost to employee

Employee Assistance Plan (EAP)

Disability Resource Services

(866) 899-1363

www.guidanceresources.com

TDD: (800) 697-0353

Your Company ID: DNDRS

Plan Details:

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. Disability Resource Services provides convenient resources to help address emotional, legal and financial issues.

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Employee / Employer Per Pay Period Contributions 7/1/26 – 6/30/27

Medical Coverage	HMO		BCO PPO		HDHP PPO/HSA	
Per Pay Period Contributions	You Pay	Board Pays	You Pay	Board Pays	You Pay	Board Pays
Employee Only	\$8.76	\$398.33	\$100.76	\$441.74	\$23.25	\$441.74
Employee + Spouse	\$56.96	\$781.17	\$338.77	\$781.17	\$178.59	\$781.17
Employee + Child(ren)	\$53.98	\$719.77	\$314.11	\$719.77	\$166.24	\$719.77
Family	\$152.21	\$1,013.26	\$550.59	\$1,013.26	\$321.83	\$1,013.26

Dental Coverage	Delta Dental	
Per Pay Period Contributions	You Pay	Board Pays
Employee Only	\$0.00	\$20.97
Employee + Spouse	\$8.74	\$34.08
Employee + Child(ren)	\$11.92	\$38.84
Family	\$23.51	\$56.23

Vision Coverage	VSP	
Per Pay Period Contributions	You Pay	Board Pays
Employee Only	\$0.00	\$2.79
Employee + Spouse	\$1.62	\$2.43
Employee + Child(ren)	\$1.90	\$2.84
Family	\$3.03	\$4.54

New Hires are required to complete an online enrollment within 30 days from start date even if coverage is being declined.

Employees are required to report Life Events to HR within 30 days from the Life Event taking place.

*** Please see page 6 of the Employee Benefits Guide for Qualifying Life Events ***